

MT. OLIVE JUNIOR WRESTLING 2008 - 2009 REGISTRATION

(PLEASE PRINT CLEARLY)

CHILD'S NAME _____ DOB _____ AGE _____

ADDRESS _____

Legal Guardian / DAD _____ MOM _____

SCHOOL _____ GRADE _____ WEIGHT _____

PRIMARY PHONE# _____ ALT PHONE# _____

EMAIL _____

ALT EMAIL _____

PREVIOUS WRESTLING EXPERIENCE: **VAR/JV** _____ years / **CLINIC** _____ years

(PLEASE CIRCLE ONE) SWEAT SHIRT size: (YS, YM, YL - AS, AM, AL) - other _____

(PLEASE CIRCLE ONE) SHORT size: (YS, YM, YL - AS, AM, AL) - other _____

Contact Jim Andrich, Head Coach 973-448-7030 or
John Colabella, President, 973-584-8912 for more details

INFORMED CONSENT

I HERBY GRANT PERMISSION FOR _____ (CHILD'S NAME) TO PARTICIPATE IN WRESTLING DURING THE ATHLETIC SEASON BEGINNING NOVEMBER 2007. FURTHER, I AUTHORIZE THE PROGRAM TO PROVIDE EMERGENCY MEDICAL TREATMENT OF ANY INJURY TO OR ILLNESS OF MY CHILD IF QUALIFIED MEDICAL PERSONNEL CONSIDERS TREATMENT NECESSARY AND PERFORM THE TREATMENT. THIS AUTHORIZATION IS GRANTED ONLY IF I CAN NOT BE REACHED AND A REASONABLE EFFORT HAS BEEN MADE TO DO SO.

PARENT/GUARDIAN PRINT _____

SIGN _____ DATE _____

FAMILY DOCTOR _____ PHONE _____

MEDICATIONS TAKEN _____ ALLERGIC REACTIONS TO _____

EMERGENCY CONTACT _____ PHONE _____

RELATIONSHIP TO CHILD _____

PARENT/GUARDIAN SIGN _____ DATE _____

REGISTRATION FEES: **1 Child - \$70.00, 2 Children - \$100.00, 3 Children - \$130.00, 4 Children - \$160.00**

MAKE CHECKS PAYABLE TO: **MOJWA**

MAIL TO:
MOJWA - REGISTRATION
P.O. BOX 270
FLANDERS, NJ 07836

**2008-2009 In Person Registration will be held at the
Mt. Olive Municipal Building Cafeteria on
Tuesday, September 23, 2008 And
Tuesday, October 21, 2008
From 7pm – 9pm**